

Scoring sheet for

APPLICATION TO PURCHASE FIRE VEHICLE

JURISDICTION (NAME & ADDRESS):

NAME _____

STREET ADDRESS _____

CITY _____ COUNTY _____, CA _____ ZIP _____

FIRE CHIEF OR DESIGNATED REPRESENTATIVE:

NAME _____

TITLE _____

CONTACT PHONE #: (_____) _____

PLEASE CHECK ONE BOX FOR EACH OF THE FOLLOWING TEN QUESTIONS:

**OFFICE
USE
ONLY**

1. APPLICANT'S JURISDICTION IS PRIMARILY:

- ☐ RURAL AREA
☐ URBAN AREA

2. APPLICANT'S JURISDICTION ENCOMPASSES THE FOLLOWING NUMBER OF PEOPLE:

- ☐ 1 TO 5,000
☐ 5,001 TO 10,000
☐ 10,001 TO 20,000
☐ OVER 20,000

3. APPLICANT CURRENTLY HAS THE FOLLOWING NUMBER OF FIRE ENGINES IN SERVICE:

- ☐ 0 TO 2
☐ 3 TO 5
☐ 6 to 8
☐ MORE THAN 8

4. TYPE OF AGENCY PROVIDING FIRE PROTECTION SERVICE:

If "other", please specify:

- ☐ VOLUNTEER FIRE COMPANY (H&S Code 14825)
☐ FIRE DISTRICT - All Volunteer
☐ FIRE DISTRICT - Paid & Volunteer
☐ FIRE DISTRICT - All Paid
☐ OTHER

5. DOES APPLICANT HAVE THE ABILITY TO ADEQUATELY SERVICE AND MAINTAIN THE VEHICLE?

- ☐ YES
☐ NO

6. DOES APPLICANT HAVE FACILITIES TO HOUSE THE VEHICLE?

- ☐ YES
☐ NO

7. APPLICANT'S REVENUE SOURCE IS:

If non-tax supported, please explain funding mechanism for generating revenue:

- ☐ TAX SUPPORTED
☐ NON-TAX SUPPORTED

8. METHOD OF PAYMENT:

- ☐ CASH PURCHASE
☐ FINANCING THROUGH OES

NOTICE TO APPLICANT:

Submission of this application to Office of Emergency Services confers no commitment on either the applicant or Office of Emergency Services to purchase or sell any vehicle.

BY: _____ DATE: _____
Fire Chief or Designated Representative

SEND COMPLETED APPLICATION TO:

Office of Emergency Services
Fire and Rescue Branch
P.O. Box 419047-9047
Rancho Cordova, CA. 95741